

Name of Lead Agency	Tennessee Department of Mental Health Substance Abuse Services
Location	Nashville, TN
Title of Project	Building Strong Families (BSF) in Rural Tennessee
Program Option	Five-Year plus 2-Year Extension
Geographic Area and Congressional District Served	City of Nashville 5 th Congressional District; Rural
Brief Program Description	<p>The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) proposes to extend implementation of Building Strong Families to continue to address the Complex needs of children (ages 0-18) who are in or at-risk of out-of-home placement due to parent/caretaker methamphetamine or other substance abuse. TDMHSAS will partner with Tennessee's Department of Children's Services and the Administrative Office of the Courts; Centerstone, the area's primary behavioral health treatment provider, and Centerstone Research Institute, a nonprofit research,/evaluation organization, to establish and implement an evidence based, trauma-informed, culturally competent continuum of outreach, treatment, education/counseling, and supportive services for children and families utilizing all components of the evidence-based Intensive Family Preservation Services Model.</p> <p>Using the Intensive Family Preservation Services model, BSF supports at-risk families by providing services that reduce the need for out-of-home placement and promote child safety, permanency, and wellbeing. Through a collaborative effort of agencies and organizations, integrated services and enhanced continuity of care BSF provides families with interventions that build skills and capacities contributing to healthy, well-functioning families. BSF provides in-home counseling, basic skills education, psycho-education, and linkages with social/community support services, including substance abuse treatment programs/recovery supports. BSF In-home Specialists are available 24/7 to provide crisis intervention and intensive services to keep children out of harm's way.</p> <p>The BSF Collaborative Council, representing all project partners, local service agencies, government agencies and funding stream representatives, individuals in recovery, parents/caretakers, and other community stakeholders, continue to ensure sustainability of the project. BSF maintains evaluation project strategies and models, and conduct comprehensive project performance measurement, including documentation of fidelity, process,</p>

	outcomes, cost effectiveness, and follow-up data, to develop and disseminate a thoroughly documented service model for replication across the state and nation.
Target Population	Children in/at risk of out of-home placement due to parent/ caretaker substance abuse.
Participants Served	Children: 551 Adults: 386 Families: 267
Major Goals	<p>Major program goals included:</p> <p>Goal I. Establish a Community-Based Treatment Program for Children and Families</p> <ul style="list-style-type: none"> • Objective A. Assemble a culturally competent team of clinical and outreach staff with experience in substance abuse, behavioral healthcare and child welfare • Objective B. Increase current capacity by 48 intensive family preservation services slots each year • Objective C. Provide intensive home-based services unduplicated total of 216 children/ families <p>Goal II. Increase Community Awareness/Education</p> <ul style="list-style-type: none"> • Objective A. Develop and implement training module on METH and other substance abuse on child and family functioning • Objective B. Educate/train 3000 foster parents, community law enforcement officers, judges, physicians, nurses, social service workers, school personnel and other stakeholders in target counties <p>Goal III. Improve Outcomes of Children Related to Safety, Permanency and Well-Being</p> <ul style="list-style-type: none"> • Objective A. Safety. Increase in children at risk of removal due to parental drug use who are able to remain in parent's custody through substance abuse treatment completion • Objective B. Safety Reduce recurrence of maltreatment within 6 months of previous filing • Objective C. Permanency: Reduce length of stay in foster care of children & improve time to reunification or adoption/ guardianship of children removed due to parent's substance abuse • Objective D. Permanency Reduce re-entry into foster care of children who have been reunified after parent's substance abuse treatment

	<ul style="list-style-type: none"> • Objective E. Well-being Increase children with needs assessed and connected to appropriate services <p>Goal IV. Improve Outcomes of Parents/Caregivers with Meth and Substance Abuse Problems</p> <ul style="list-style-type: none"> • Objective A: Increase assessment of parents' substance abuse needs and connection to treatment • Objective B: Increase parents' completion of substance abuse treatment • Objective C. Increase parents who maintain abstinence for 3, 6, and 9 months after completing treatment • Objective D. Increase parents connected to supportive services during substance abuse treatment • Objective E: Increase parents participating in continuing care and recovery services <p>Goal V. Improve Outcomes of Families</p> <ul style="list-style-type: none"> • Objective A. : Increased parent's capacity to provide for their children's needs, e.g., employment, job training • Objective B. Decrease in risk factors: (a) parent's criminal behaviors related to manufacturing/ selling drugs, (b) parent's mental health symptoms, and (c) child's behavior and functioning problems • Objective C. Increase in protective factors such as resilience, parenting skills, social connections, etc. • Objective D: Increase in families connection with services related to needs in Permanency Plan • Objective E.: Increase children and families (a) actively participating in intensive case planning, and (b) receiving coordinated case management across agencies <p>Goal VI. Improve Regional Partnership/Service Capacity Level</p> <ul style="list-style-type: none"> • Objective B. Increased number of treatment programs and slots, and increased families served • Objective C. Enhanced collaboration among partners through MOUs regarding treatment coordination and other collaborative activities <p>Goal VII. Develop and Disseminate Model</p> <ul style="list-style-type: none"> • Objective A. Conduct a comprehensive evaluation • Objective B. Produce manuals, publication, presentation and other products to promote dissemination/ replication
<p>Key Major Program Services</p>	<p>Case Management and Case Conferencing</p> <ul style="list-style-type: none"> • Intensive/Coordinated Case Management • Family Group Decision Making/Family Case Conferencing

	<ul style="list-style-type: none"> • “Regular” or “Traditional” In-Home Services <p>Parenting/Family Strengthening</p> <ul style="list-style-type: none"> • Evidence-Based Parenting or Family Strengthening Program - Intensive Family Preservation Services <p>Family Therapy/Counseling</p> <p>Mental Health and Trauma Services for Adults</p> <ul style="list-style-type: none"> • Mental Health Services • Trauma-Informed Services <p>Specialized Outreach, Engagement and Retention</p> <ul style="list-style-type: none"> • Cognitive Behavioral Strategies - Motivational Interviewing/Motivational Enhancement Therapy <p>Substance Abuse Prevention Services</p> <ul style="list-style-type: none"> • Information Dissemination • Community-Based Process <p>Screening and Assessment – Child Welfare and Other Children’s Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Child Welfare Issues • Screening and Assessment for Trauma • Other Specialized Child Screening and Assessment – Mental Health/Psychological, Substance Use, Developmental <p>Screening and Assessment – Substance Use and Other Adult Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Substance Use Disorders • Other Specialized Adult Screening and Assessment – Mental Health/Co-Occurring Disorders <p>Cross-Systems Collaboration</p> <ul style="list-style-type: none"> • Clinical and Program Training • Regular Joint Case Staffing Meetings • Cross-systems Information Sharing and Data Analysis • Partner Meetings – Regional Partnership and Program Management <p>Other</p> <ul style="list-style-type: none"> • Referral and Linkage to Substance Abuse Treatment for Adults • Referrals and Linkages to Children’s Services
<p>Partner Agencies and Organizations</p>	<p>Child Welfare</p> <ul style="list-style-type: none"> • Tennessee Department of Children’s Services <p>Substance Abuse</p>

	<ul style="list-style-type: none"> • Tennessee Department of Mental Health and Substance Abuse Services • Centerstone of Tennessee • TennCare <p>Courts</p> <ul style="list-style-type: none"> • Tennessee Administrative Office of the Courts • Court Appointed Special Advocates for Children <p>Criminal Justice, Law Enforcement, Legal and Related Organizations</p> <p>Other Community and Child and Family Services</p> <ul style="list-style-type: none"> • KidLink Treatment Services • Coffee Co. Anti-Drug Coalition • Coffee Co. Children's Advocacy Ctr. • Child Care Resource and Referral <p>Housing</p> <ul style="list-style-type: none"> • Homes of Hope of Bedford County <p>Mental Health</p> <ul style="list-style-type: none"> • Volunteer Behavioral Health <p>Health Services</p> <ul style="list-style-type: none"> • Department of Public Health <p>Other Evaluation and Training</p> <ul style="list-style-type: none"> • Centerstone Research Institute <p>Other</p> <p>Local government organizations</p>
Evaluation Design and Comparison Group Type	<p>Quasi-experimental; Same-time</p> <p>Matched Population-Level; Usual Child Welfare/Substance Abuse Services</p>
Performance Indicators	<p>Maltreatment, Foster Care LOS, Foster Care Re-entry, Reunification, Permanency, Connected to Support Services, Access to Treatment, Treatment Retention, Substance Use, Adult Support Services, Employment, Criminal Behavior, Mental Health, Parenting, Family Relationships/Functioning, Risk/Protective Factors, Coordinated Case Management, SA Training & Educ for Substitute Caregivers, Collaborative Capacity</p>